Type of Inspection New New _____Annual _____ Follow-Up (Prev. Inspection Date) Complaint Courtesy

NCDA&CS, VETERINARY DIVISION ANIMAL WELFARE SECTION 1030 MAIL SERVICE CENTER, **RALEIGH, NC 27699-1030** PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR OUTDOOR BOTH [

CNITERE

ANIMAL WELFARE INSPECTION

GPS Coordinates - N:	36,26257	W:	75	901	06

GPS Coordinates	- N: 36,2625	W: [7]	15.90	106
LICENSE #: 10545 TYPE FACILITY: Animal Shel BUSINESS NAME: B OWNER: B ADDRESS: G047 G TELEPHONE: (252) 453 - VMO Huater COUNTY Currium	ne Kell's 7kree Do nedo Mistra (Caratolle Rd Gra 0393	arding Kennel A Po	et Shop 🗆 Pul	olic Auction
Number of Primary Enclosures	7 Animals	s Present: Dogs(, 2	Cats Ø
Ins	pector: Mark "X" in ea Circle each item Use NA if not a	n number, if inadeq		
STRUCTURE	SANITATION	N	SPECIAI	LITEMS
Housing Facilities 1. Structure & Repair 2. Ventilation & Temp. 3. Lighting 4. Ceiling, Wall, Floors 5. Storage 6. Water Drainage		, Wall, Floors / Enclosures nent & Supplies roms, Sinks, Basins //ermin Control	125. Re 126. Or 127. Sig 128. W	scription of Animals cords/Vet Treatment igin/Disposition mature (boarding kennel) ritten permission from wner for commingling loggie daycare)
Primary Enclosures 7 7. Structure & Repair 8 8. Space 9 9. Ventilation & Temp.	HUSBANDRY	te Feed/Water torage	<u>Transpor</u> ¥29. Ca	<u>tation</u> re in Transit Discussed
y 10. Adequate Shelter	△@2. Ratio of animal enclosi	f 1:10 personnel to ls if >4 in primary ure or common area s' Appearance	5 31. No	ty Care lation Facility Signs of Illness/ reated
APPROVED - CONDI	TIONALLY APPROVED	□ DISAPPROVED	Date:	7/7/08 Time: 10:450 -
Inspector's Sign	Representature D	Own	ner/Authorize	ed Agent's Signature

Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

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